

July 1, 2012 – June 30, 2013

APPLICATION FOR REGISTRATION/RENEWAL AS A WHOLESALE FOOD  
MANUFACTURING AND/OR STORAGE FACILITY



Colorado Department  
of Public Health  
and Environment

MAIL COMPLETED

APPLICATION TO:

Division of Environmental Health & Sustainability  
4300 Cherry Creek Drive, South, DEHS C-1  
Denver, CO 80246-1530  
Phone: (303) 692-3645

STATE USE ONLY (DO NOT WRITE IN THIS SPACE)

Registration # \_\_\_\_\_

Ck# \_\_\_\_\_ Fee Amt. \_\_\_\_\_ Date \_\_\_\_\_

Section 25-5-426 of the Colorado Revised Statutes requires the registration of wholesale food manufacturing, packaging and storage facility

**IF BUSINESS IS NO LONGER IN OPERATION, YOU MUST PROVIDE DATE OF  
CLOSURE \_\_\_\_\_ AND RETURN THIS FORM TO CDPHE.**

Type of Ownership (As indicated on your Colorado Business/State Sales Tax Registration)

- ☐ Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification) ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Limited Liability Limited Partnership ☐ Corporation ☐ "S" Corporation ☐ Association ☐ Estate ☐ Government ☐ Joint Venture ☐ Trust ☐ Non-profit 501(c)(3) ☐ Other Non-profit

1. Legal Ownership/Corporate Name: \_\_\_\_\_

Trade Name or DBA (If different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street (P.O. Box) Unit City State Zip

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_ Hrs. of Operation: \_\_\_\_\_

2. Owner Name(s): \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
Street (P.O. Box) Unit City State Zip

3. Person(s) managing on-site operation: Name(s) \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

4. Physical Address of  
Commercial Kitchen or Warehouse: \_\_\_\_\_  
Street Unit City State Zip County

5. Fees Required (GAS = Gross Annual Sales) No Fee Categories (GAS = Gross Annual Sales)

- ☐ Small: GAS \$15,001 to \$50,000 – \$185.00/year ☐ Very Small: GAS less than \$15,000  
☐ Medium: GAS of \$50,001 to \$150,000 – \$307.00/year ☐ Non-Profit Organization  
☐ Large: GAS over \$150,001 – \$390.00/year ☐ Grain Storage Facility

**Fees are not pro-rated. Please make check payable to CDPHE and mail to the above address.**

6. Description of Business (Check all that apply)

- ☐ Manufacturer ☐ Warehouse ☐ Repacker  
☐ Shellfish Dealer ☐ Salvage Operation ☐ Grain Storage Facility

7. List **ALL Finished** product(s) stored or manufactured (i.e. pastries, salsa, etc.): \_\_\_\_\_

8. Do you distribute finished products or ingredients outside of Colorado? Yes\_\_\_ No\_\_\_ If yes, list states/countries: \_\_\_\_\_

9. Labels in compliance? Yes\_\_\_ No\_\_\_ N/A\_\_\_

Signature & Title of person completing this application: \_\_\_\_\_ Date: \_\_\_\_\_

## Colorado Wholesale Food Manufacturing & Storage Registration Requirements

The following definitions may be helpful additional information to understand the applicability of the requirement to your firm and to aid in the understanding of the fee categories on the front of this application form.

### **Definitions:**

**Grain** means a small, hard fruit or seed produced by a cereal grass and the seeds of such plants as a whole.

**Grain Storage Facility** means any establishment, structure, or structures under one management and at one general physical location that holds grain without further manufacturing or processing after harvest.

**Manufacturing or Processing** means making food from one or more ingredients, or synthesizing, preparing, treating, modifying, or manipulating food, including food crops or ingredients. Examples include, but are not limited to: cutting, peeling, trimming, washing, waxing, eviscerating, rendering, cooking, baking, freezing, cooling, pasteurizing, homogenizing, mixing, formulating, bottling, milling, grinding, extracting juices, distilling, labeling or packaging.

**Non-profit Facility** means a charitable entity that provides food to the public, including, but not limited to: food banks and non-profit food facilities. To qualify as a non-profit facility, the entity must be exempt from paying federal income tax under the Federal Internal Revenue Code.

# STATE OF COLORADO

John W. Hickenlooper, Governor  
Christopher E. Urbina, MD, MPH  
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.      Laboratory Services Division  
Denver, Colorado 80246-1530      8100 Lowry Blvd.  
Phone (303) 692-2000      Denver, Colorado 80230-6928  
Located in Glendale, Colorado      (303) 692-3090  
<http://www.cdphe.state.co.us>



Colorado Department  
of Public Health  
and Environment

**Please read this document.** Failure to submit all completed documents as described below will delay the renewal of your license.

Subject: Implementation of C.R.S., 24-76.5-101, et. seq., “Restrictions on Public Benefits” (HB 1023)

To Whom It May Concern:

You will find an affidavit included with your renewal registration/application. All licenses, certifications, and registrations issued to **individual owners or sole proprietors** by the Colorado Department of Public Health and Environment must be accompanied by verification of citizenship. This requirement does not apply to you if you are not an individual owner or sole proprietor. Verification includes completing the enclosed affidavit and providing a **notarized copy of an approved identification**. Approved identification includes:

- A valid Colorado driver’s license or a Colorado identification card;
- A United States military card or a military dependent’s identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document,

You may access a notary in your area by conducting a search through directory assistance for “public notaries.”

C.R.S., 24-76.5-101, “Restrictions on Public Benefits” became effective August 1, 2006, and requires “each agency or political subdivision of the state” to verify the lawful presence in the United States of every applicant for public benefits. The law requires the verification of citizenship in order for persons eighteen years of age or older to receive certain benefits or obtain a license or certification from the department. If the recipient of the benefit is under eighteen years of age, the law does not apply.

If you need assistance in complying with this law or if there is additional information you feel we need to be aware of, please do not hesitate to contact me at 303-692-3645.

Sincerely,

Karen Gillespie  
Division of Environmental Health & Sustainability



Colorado Department  
of Public Health  
and Environment

## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen, or
- ☐ I am a Permanent Resident of the United States, or
- ☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Unit City Zip

\_\_\_\_\_  
Signature Date

### RETURN THIS FORM WITH NOTARIZED COPY OF ID ATTACHED



As a Notary Public in and for the state of \_\_\_\_\_, I do certify that I carefully compared with the original the attached facsimile and that it is a complete, full, true and exact facsimile of the document they have purported to reproduce.

\_\_\_\_\_  
(Notary's official signature)

\_\_\_\_\_  
(My commission expires)